



HSOA Journal of Gerontology and Geriatric Medicine

Short Commentary

Breaking Barriers: Life Satisfaction and Health Equity for Aging Black Lesbians

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Abstract

Life satisfaction is widely recognized as a key indicator of successful aging. However, aging Black lesbians encounter unique and compounded challenges driven by intersecting systems of oppression—namely racism, sexism, and homophobia. Despite the growing population of LGBT older adults, this group remains largely invisible in research and healthcare, exacerbating health disparities and social exclusion. This commentary examines these challenges, drawing on findings from a recent study that identifies key predictors of life satisfaction. These insights underscore the urgent need for targeted interventions, inclusive policies, and culturally responsive practices to address systemic inequities, improve life satisfaction, and advance health equity for aging Black lesbians.

Keywords: Black lesbians; Black women; Life satisfaction; Older adults

Introduction

Life satisfaction, defined as an individual's overall contentment with life, is integral to well-being and successful aging. It is a critical measure that reflects both personal fulfillment and structural influences, shaped by health, relationships, and socioeconomic stability. For aging Black lesbians, life satisfaction is particularly complex, as it is influenced by intersecting systems of oppression tied to race, gender, sexual orientation, and class. Despite its importance, this population remains largely invisible in research, resulting in significant gaps in understanding the factors that influence their life satisfaction and quality of life.

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Citation: Hall P (2024) Breaking Barriers: Life Satisfaction and Health Equity for Aging Black Lesbians. J Gerontol Geriatr Med 10: 238.

Received: December 18, 2024; **Accepted:** December 26, 2024; **Published:** December 31, 2024

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The LGBT older adult population in the United States is expected to grow from 2.4 million to over 5 million by 2030 [1]. This demographic shift highlights the urgent need to focus on underserved subgroups within the broader LGBT community, such as aging Black lesbians. Their persistent invisibility in both research and healthcare systems creates barriers to developing targeted interventions that address their specific needs. Without deliberate action, this neglect will continue to exacerbate disparities in health and life satisfaction, particularly for those experiencing multiple layers of marginalization.

The intersectionality framework introduced by Crenshaw [2] provides a lens to understand how overlapping systems of oppression—such as racism, sexism, and homophobia—compound disadvantage for Black women throughout their lives. Collins [3] expands this by describing these interlocking systems as part of a larger “matrix of domination,” in which structural inequities are perpetuated across generations. For aging Black lesbians, the combination of racial and sexual minority statuses contributes to unique challenges that shape their experiences in healthcare, employment, and community engagement. Examining life satisfaction through this intersectional lens allows researchers and policymakers to recognize these compounding inequities and develop more inclusive interventions.

Discrimination, accumulated over a lifetime, is a significant determinant of health outcomes and life satisfaction, particularly for Black women. Research shows that experiences of racism, sexism, and homophobia have strong, negative effects on mental and physical health [4,5]. For Black lesbians, these experiences are further compounded by the stigma associated with their sexual orientation, often resulting in avoidance of healthcare and other support systems [6,7]. These cumulative stressors illustrate the urgent need for systemic solutions to reduce discrimination and improve access to inclusive, culturally competent care.

The minority stress model [8] highlights how stigma, prejudice, and discrimination create chronic stress, which leads to adverse health outcomes and lower life satisfaction. For individuals with multiple marginalized identities, such as Black lesbians, these stressors are amplified by structural inequities and social exclusion. Many individuals may avoid seeking medical care to prevent further discrimination, such as being dismissed or judged by providers, or may delay care due to mistrust of the medical system [9]. Addressing these disparities requires a commitment to dismantling systemic biases and promoting healthcare environments that foster trust, equity, and inclusivity.

A 2021 study conducted by Porsha Hall, Ed.D., and Barbara Wallace, Ph.D., at Teachers College, Columbia University, examined life satisfaction among 118 aging Black lesbians and sexual minority women aged 50 to 86 [10]. Participants' experiences challenged prior assumptions of universally poor health outcomes within this population. While most participants reported good overall health, only 33.9% disclosed their sexual orientation to healthcare providers, reflecting a continued lack of trust and comfort in clinical settings. These findings demonstrate the need for healthcare systems to prioritize culturally competent care that affirms the identities and experiences of aging Black lesbians.

The study identified several key predictors of life satisfaction among participants, including living with a partner, reduced stress, greater harmony in life, higher income, and access to culturally competent healthcare providers. These findings underscore the importance of emotional, relational, and financial stability in fostering contentment and well-being. Parenting also emerged as a significant life experience, with over a third of participants reporting having birthed or raised children. This observation highlights the need for further research into the family dynamics and caregiving roles of Black lesbians, which remain largely overlooked in existing literature.

Life satisfaction is a critical indicator of quality of life and a fundamental asset for successful aging, yet it is deeply shaped by systemic inequities. For aging Black lesbians, institutional racism, wage disparities, and social exclusion present ongoing challenges that threaten their ability to achieve a fulfilling quality of life [11,12]. Addressing these barriers requires targeted efforts to reduce economic stress, promote supportive relationships, and create equitable access to healthcare and other essential resources. Such interventions are necessary to dismantle structural barriers and create pathways to improved well-being for this underserved population.

The findings of this study highlight the need for increased research, policy reform, and culturally competent healthcare practices to improve life satisfaction among aging Black lesbians. Nationally representative studies would provide deeper insights into the factors that shape life satisfaction across diverse geographic and socioeconomic contexts. Policymakers and healthcare practitioners must work together to implement inclusive strategies that prioritize culturally responsive care and reduce systemic inequities. Ensuring these changes will improve not only life satisfaction for aging Black lesbians but also overall health equity for sexual and racial minorities. Improving life satisfaction is not simply a matter of individual effort; it requires a commitment to dismantling the structural inequities that shape the lived experiences of aging Black lesbians. By centering their voices, addressing systemic discrimination, and prioritizing culturally competent care, we can take meaningful steps toward fostering health equity and successful aging. This population has been underserved and overlooked for too long. Targeted action will ensure their experiences are recognized, their needs are met, and their quality of life is enhanced.

Declaration of Conflicting Interests

The author declares no conflicts of interest with respect to the authorship and/or publication of this article.

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